

D & L Price

Wide Cove

Inspection report

20 Brook Street
Runcorn
Cheshire
WA7 1JJ

Tel: 01928572635

Date of inspection visit:
20 June 2016

Date of publication:
13 July 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 20 June 2016 and was unannounced.

Wide Cove is a converted public house in Runcorn Old Town, providing care for up to eight adults with a learning disability. (There were seven people resident on the day of inspection.) It is close to local community facilities including shops, churches and leisure facilities. It has good access to public transport including bus and train stations.

The home has a registered manager who has been in post for 18 years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Prior to this inspection we received feedback from the local authority who commissioned the care for people who lived in the home. They told us that they thought the care was good.

We found that the experiences of people who lived at the home were positive. People told us they felt safe living at the home, staff were kind and they liked living there.

People were safeguarded from abuse and the risk of abuse because staff knew what constituted abuse and who to report it to.

People were supported to be as independent as they were able to be through the effective use of risk assessments and the staff knowledge of their needs and preferences.

There were enough suitably qualified staff, who had been recruited using safe recruitment procedures, to maintain people's safety and to support people in hobbies and activities of their choice.

Staff felt supported to fulfil their role effectively through regular support, supervision and training applicable to their role.

People's medicines were stored and administered safely by trained staff.

People's mental capacity had been assessed and staff knew how to support people in a way that was in their best interest and was the least restrictive. People and their representatives were involved in decisions relating to their care, treatment and support. Care was planned and delivered based on people's preferences and regularly reviewed.

People were supported to have a healthy diet and could choose what they would like to eat and drink.

People had access to a range of health professionals and staff supported them to attend health appointments when necessary.

People were treated with kindness and respect and were consulted about how the service was run. They had opportunities to be involved in the community and to participate in hobbies and interests of their choice.

The registered providers demonstrated a commitment to continuous improvement and had systems in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse. Identified risks to people were minimised through the effective use of risk assessments.

There were sufficient suitable staff available to meet people needs.

People's medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received regular support and training to fulfil their role.

The provider worked within the guidelines of the MCA to ensure that people were involved and consented to their care, treatment and support.

People were supported to have a healthy diet and had access to a range of health professionals.

Is the service caring?

Good ●

The service was caring.

Relationships between staff and people who used the service were positive.

People's dignity and privacy was respected and their independence promoted.

Is the service responsive?

Good ●

The service was responsive.

People received care that reflected their individual needs and preferences.

People had the opportunity to be involved in hobbies and interests of their choice.

There was a complaints procedure and people knew how to use it.

Is the service well-led?

The service was well led.

There was a registered manager in post.

Staff told us they felt supported to fulfil their role and the manager was approachable.

Systems were in place to continually monitor the quality of the service.

Good ●

Wide Cove

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 June 2016 and was unannounced. An adult social care inspector arrived at the home at 11am and left at 5.30pm.

Before the inspection we reviewed all the information we already held on the service and contacted the local authority commissioning team to seek their views. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with the people who used the service and looked at how people were supported throughout the day. We reviewed two care records, staff training records, and records relating to the management of the service such as audits and policies and procedures. We spoke with four people who used the service and the relative of another person. We also spoke with the registered manager and two support workers.

Our findings

People who used the service were protected from the risk of abuse. All the people who used the service told us they felt safe at Wide Cove.

The registered manager and staff we spoke with knew what constituted abuse and what to do if they suspected a person had been abused. All staff had received recent safeguarding training. The local authority safeguarding policy and contact numbers were available for staff to refer to and safeguarding was covered in staff meetings and supervision. There had been one safeguarding incident since the last inspection which had been dealt with appropriately.

The provider had a whistleblowing policy and records showed this had been drawn to staff's attention during supervision.

Risk assessments were in place for each person dependent on their needs and they were kept under constant review. This meant people's safety was being considered. When risks were identified there was clear guidance for staff to follow which meant people could be supported consistently by staff. The registered manager and staff we spoke with knew the individual risks associated with each person and what they needed to do to keep people safe.

Plans were in place in the event of emergencies such as a fire. Clear information was available to staff as to what support people would need to safely evacuate the building. Two fire drills had been held with staff and service users in the last year. Staff had received first aid training, including resuscitation.

The staff said the registered manager was always on call and they always received help and support if they needed it. Arrangements were in place to cover for times when the registered manager was on holiday.

There were sufficient staff to keep people safe. There were always two staff on duty day and night and extra staff were provided to support service users to attend appointments or take part in activities outside the home. There was a stable staff team and the staff we spoke with said they covered for each other's leave so the home never had to use agency staff. All the staff had worked at the home for at least two years and knew the people they were supporting well. The staff files provided evidence that appropriate pre-employment checks had been made to make sure the staff were suitable for their role, including checks with the Disclosure and Barring Service (DBS). (The DBS is a national agency that keeps records of criminal

convictions and people who are unsuitable to work with vulnerable adults.)

People's medicines were stored and administered safely. Medication was kept in locked cabinets within the manager's office. The staff we spoke with confirmed they had received up to date comprehensive training in the administration of medication and records showed staff had recently been reassessed as being competent. The manager was also in the process of distributing questionnaires to staff to check their understanding. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication dependent on their personal preferences. When people were prescribed as required medication (PRN) there were protocols which detailed the signs and symptoms people may exhibit at the times they may require it.

The home was clean, safe and well maintained. At the time of the inspection the fire alarm system was being upgraded and some redecoration was taking place. The registered manager told us that the provider had plans to extend the home to provide more ground floor bedroom accommodation so that people who lived in the service could remain there if their mobility deteriorated. An occupational therapist had been consulted in the design of the staircase, which had been altered to make it easier for people who used the service to go upstairs to their bedrooms. The garden was also well maintained.



Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met.

People who used the service had lived in the home for many years. All required some support to make decisions but all had been assessed as having the capacity to consent to their care and support. None had DoLS in place. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, but not in the last two years. However, the staff we spoke with were clear about the rights afforded to people by this legislation. The registered manager said she had requested that staff be able to access up to date training provided by the local authority but was awaiting dates because she had been told the training programme was under review.

When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life.

We saw that staff received regular training and support to be effective in their role. Staff received individual supervision every couple of months and an annual appraisal of their performance and training needs. We saw there was an on going programme of training applicable to the needs of people who used the service. This included training in mental health awareness and positive behaviour support. Staff were supported to undertake vocational qualifications and all (apart from one who was undertaking the training at the time of the inspection) had attained Level 2. One person was working towards a Level 3 qualification in health and social care. Regular supervision and competency checks were undertaken by the manager to ensure that staff maintained a high standard of care delivery.

People told us they chose what they wanted to eat and discussed it in their regular meetings. Food and people's preferences were on the agenda at residents' meetings. Staff told us that they encouraged people to eat as healthily as possible but ultimately it was the person's choice. People's weights were monitored to

make sure they were maintaining a healthy body weight. One person's weight was a concern. The registered manager explained what action had been taken and what staff were doing to assist the person to maintain a healthy weight and this was clearly documented in their care plan. Another person told us they were being supported to attend weightwatchers and exercise classes.

We saw that people had access to a wide range of health care facilities and everyone had a health action plan in place that was reviewed frequently. Records showed that staff recognised when people were unwell and sought professional advice. People were supported to attend health care appointments such as their GP, optician, chiropodist and mental health services . Some people had specific health care needs. We saw that there were clear and comprehensive care plans informing staff of how to care for them and staff had received relevant training. Everyone had a health passport on their file, which could be taken with them if they were admitted to hospital. This included essential information about the person's health and care needs and also information on what was important to the person and their likes and dislikes.



Our findings

The four people that used the service all said they were happy living at Wide Cove. All said "I like living here". One person said "yes, the staff are alright" and another said "The staff are fantastic". The relative we spoke with said "X is really happy here, it's a lovely place, the staff are fantastic and it was the best thing that could have happened to X when he came to live here".

It was clear that the registered manager and the staff on duty knew people well and there was a relaxed and happy atmosphere within the service. All demonstrated a passion for the people they supported. Both staff said "I love working here".

Interactions we observed were positive and people's privacy and their dignity were respected. For example, the registered manager explained to the people who used the service the purpose of the inspector's visit and asked if they were happy to talk to the inspector.

People were encouraged to be as independent as they were able to be and choices were respected. People were free to do as they wished within their own home. During the inspection two people went out with relatives and staff took others who wanted to out for a walk by the waterfront. One person was assisted to wash and dry their hair and another was assisted to prepare lunch.

People were involved as they were able to be in the running of their home. Regular meetings took place for all people who used the service. We saw minutes of the meetings and what had been discussed which included discussing the menus, feeling safe and planning activities and a holiday. There were also individual meetings with people, their family and their keyworkers to discuss their care, aspirations and to set goals for their future.

We saw that relatives and people's friends were free to visit at any time. People were also encouraged to visit and stay with their families if they wished. Each person had a record on their file of their circle of friends. Everyone had their own private bedroom and could spend time in their rooms during the day if they wished.

Everyone had a plan of care which was kept securely. People's confidential information was respected and only available to people who were required to see it. People had signed their own care plans to show they been involved in their own planning meetings and agreed to their plan of care.

There were contact numbers for an advocacy service which had been used in the past when the provider

was considering changes to their registration.



Our findings

People were supported to take risks to promote their independence through the effective use of risk assessments. For example, people had risk assessments in place to assess whether they were safe to prepare meals and hot drinks, whether they were safe to visit places outside the home on their own or whether they could manage their own money.

People's care was kept under regular review. Everyone had a person centred plan which they were involved in putting together with staff. Goals were set and monitored for their progress at least annually and more often if necessary. The plans focused on maintaining people's independence and meeting their health needs.

People were supported by staff to develop and maintain daily living skills. They were encouraged to be involved in domestic tasks such as preparing meals, washing and cleaning. People had chosen the décor in their own rooms.

People were supported by staff to engage in hobbies and interests of their choice. For example, people went shopping, out for meals, to a disco and a wide range of other activities that met their individual preferences. One person said " The staff help me with my fitness programme and got me on a cookery course that I've got a certificate for. I clean my own room and do knitting and crocheting and lots of other things. I never get bored".

People's religious needs were also considered, and the registered manager regularly took three of the people who used the service to church every Sunday. Several of the people who used the service had been to a strawberry tea at the church the previous weekend and two of them told us how they were involved in helping out at the church.

People were supported to go on holiday. One person told us that they had been to Blackpool and how much they had enjoyed it.

There was a satisfactory complaints procedure in place, which was in easy read format. People we spoke with told us they knew how to make a complaint and were confident they could express any concerns and they would be listened to. At each meeting people were asked if they had any concerns. The registered manager had received one complaint since the last inspection. Records showed that this had been taken seriously and dealt with appropriately.



Our findings

People who used the service told us they liked the manager and we saw that they had no hesitation in approaching the manager if they wanted to discuss anything. The relative we spoke with said "I get on very well with the manager and all the staff".

Staff turnover was very low and there had been no changes of staff for at least two years. The staff told us that they felt supported and could approach the manager at any time for help and advice. One staff member said: "I can always go to her if I'm unsure about anything. The owners are supportive as well. It's a really good team here, we all support each other. Best move I ever made coming to work here".

A positive culture was evident in the service where people who used the service came first and staff knew and respected that it was their home.

Regular meetings took place with people who used the service and staff to foster a culture of inclusion. At the last staff meeting staff discussed care issues, activities for people who used the service and training.

Records confirmed that people's views were sought at every opportunity. The manager told us that staff assisted people who used the service to complete questionnaires in easy read format about the quality of service provision and we saw those that had been completed in 2015. Comments about the service were positive.

There were other systems in place for monitoring the quality of the service. There were monthly checks carried out by the registered providers who completed an audit and action plan if improvements were required. These included such things as infection control, people's money, medicines and records. The manager ensured any requirements were actioned.

The local authority's last quality inspection was very positive, and we saw that the manager had completed the few actions required in a timely manner. The manager showed a commitment to working with other agencies, such as the local authority and clinical commissioning group, to improve the quality of service for people.